



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Yoji Seito, et al.  
 Serial No. : 10/665,791  
 Filed : September 18, 2003  
 Title : OFF-LINE DIAGNOSIS SYSTEM

Art Unit : 2857  
 Examiner : Unknown

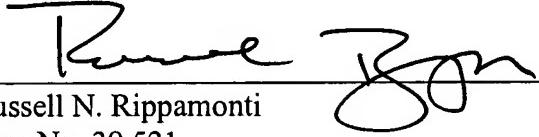
Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

- Applicant submits the references listed on the attached form PTO-1449.
- This statement is being filed within three months of the filing date of the application or before the receipt of a first Office action on the merits. Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date: January 14, 2004

  
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I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute Form PTO-1449 (Modified)		U.S. Department of Commerce Patent and Trademark Office		Attorney's Docket No. 15825-074001	Application No. 10/665,791
<b>Information Disclosure Statement</b> <b>by Applicant</b> (Use several sheets if necessary) <small>(37 CFR § 1.98(b))</small>		JAN 20 2005 <small>PATENTS &amp; TRADEMARKS</small>		Applicant Yoji Seito, et al.	
				Filing Date September 18, 2003	Group Art Unit 2857

**U.S. Patent Documents**

Examiner Initial	Desig. ID	Document Number	Publication Date	Patentee	Class	Subclass	Filing Date If Appropriate
	AA	4,976,144	12/11/1990	Fitzgerald			
	AB	5,109,692	05/05/1992	Fitzgerald			
	AC	5,197,328	03/30/1993	Fitzgerald			
	AD	5,687,098	11/11/1997	Grumstrup et al.			
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

**Foreign Patent Documents or Published Foreign Patent Applications**

Examiner Initial	Desig. ID	Document Number	Publication Date	Country or Patent Office	Class	Subclass	Translation	
							Yes	No
	AL							
	AM							
	AN							
	AO							
	AP							

**Other Documents (include Author, Title, Date, and Place of Publication)**

Examiner Initial	Desig. ID	Document
	AQ	
	AR	
	AS	
	AT	

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EXAMINER: Initials citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.	